

Running Head: EVIDENCE FOR RESILIENCE AMONG SCHOOL-AGE CHILDREN

Evidence for Resilience Among School-age Children

With Divorced or Separated Parents

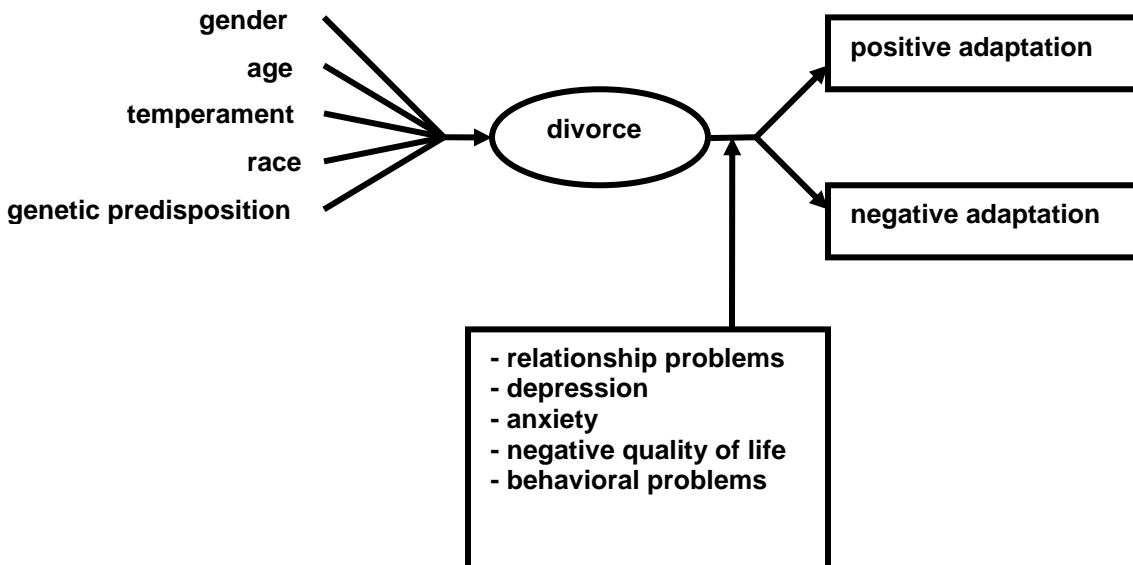
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### *Divorce or Parental Separation*

During the year 2006, there were 7.5 marriages per 1,000 people in the United States. There were also 3.6 divorces per 1,000 people (Center for Disease Control and Prevention, 2006). This means that for every two marriages in the United States (U.S.), there is one divorce. Furthermore, these numbers are strictly representative of divorce—they do not include the number of parental separations in the U.S. Parental separation can last for several months before divorces are final. Both separation and divorce result in children's separation from one of their parents. Although divorce has become normative in today's society, it is still not a "normal" experience for a child (Emery & Forehand, 1996). There are several potential consequences of divorce, primarily including declining family income, parental conflict, loss of contact with non-residential parents, strained relationships with residential parents, and parental mental health problems (Emery & Forehand, 1996; Sandler, Wolchik, Davis, Haine, & Ayers, 2003). How a child adapts to a stressor such as divorce or parental separation is a process, and this process is illustrated in the following model in Figure 1.



**Figure 1.**

As demonstrated by the model, there are many variables in the process of children's adaptation to divorce. There are moderators, listed on the left, which are characteristics of a child that are not easily changeable and include gender, age, temperament, race, and genetic predisposition (Emery & Forehand, 1996; Connor & Zhang, 2006). These characteristics are already present in the child prior to divorce or parental separation. There are also mediators, listed in the large box toward the bottom of the model, which are variables that occur between the stressor and the outcome and influence children's adaptation. Mediators include variables such as coping strategies, self-worth, the presence or absence of a role model, parenting skills, the relationship between the parent(s) and the child, the relationship between the parents, and the presence or absence of siblings (Sandler et al., 2003; Mandelco & Perry, 2000; Lawford & Eiser, 2001; Lengua, Wolchik, Sandler, & West, 2000). Finally, there are two categories of outcomes in response to divorce: positive adaptation and negative adaptation.

#### *Outcomes of Divorce*

Previous research conducted on the effects of divorce on children has focused on negative outcomes. Negative outcomes of divorce or parental separation for school-aged children can be psychological, social, or physical, and may include depression, anxiety, relationship problems, behavioral problems, or poor quality of life (Lengua et al., 2000; Troxel & Matthews, 2004). Interestingly, it has also been found that these negative outcomes do not apply to the majority of children with divorced or separated parents. Instead, studies have mostly found little differences between children from divorced families and children from intact families in terms of social and psychological status (Emery & Forehand, 1996). This means that most children experience positive outcomes in response to divorce or parental separation; however, these positive outcomes are rarely addressed.

Positive outcomes of divorce or parental separation can be separated into two levels. First, a child can have an absence of negative outcomes and demonstrate no significant psychological, social, or physical changes. Second, a child may also experience a process of

adaptation to divorce or parental separation that leads to resilience, a concept which serves as the focus of this study and will be discussed later.

### *Risk Factors and Protective Factors*

There are many risk factors and protective factors that influence the types of outcomes a child will have as a result of divorce or parental separation. These factors can be divided into three categories: individual factors, family factors, and community factors (Emery & Forehand, 1996; Lawford & Eiser, 2001; Mandlco & Peery, 2000).

#### *Risk Factors for Negative Outcomes*

Risk factors for negative outcomes of divorce or parental separation on the individual level include male gender, younger age, temperament and coping strategies (Amato, 2005; Emery & Forehand, 1996; Sandler et al., 2003). Boys usually have more difficulty with social adjustment and more conduct problems, and younger children typically have a more difficult time coping than a younger child (Amato, 2005).

Risk factors on the level of the family may be interparental conflict, poor parenting skills, or a poor relationship between the parent(s) and child (Forehand & Emery, 1996; Lengua et al., 2000; Sandler et al., 2003). Community factors that may put a child at risk for negative outcomes include low socioeconomic status and the lack of a role model (Lawford & Eiser, 2001; Masten, 2001).

#### *Protective Factors for Positive Outcomes*

Conversely, there are also several protective factors that increase a child's likeliness for experiencing positive outcomes of divorce or parental separation; these factors can also be divided into the same three categories. The protective factors within the individual include effective coping skills, positive self-worth, and higher cognitive capacity (Sandler et al., 2003; Mandlco & Peery, 2000). From the family, protective factors include the presence of siblings, a good relationship between the parent(s) and child, and effective parenting skills (Emery & Forehand, 1996; Lengua et al., 2000; Sandler et al., 2003). The presence of an adult role model

is a protective factor on the community level, as well as a higher socioeconomic status, which can provide a child with more sources of support outside of the family (Lawford & Eiser, 2001; Masten, 2001).

### *Resilience*

In addition to the absence of negative outcomes serving as a positive outcome of divorce or parental separation, resilience is also a potential positive outcome. Resilience, however, is a relatively young area of research, especially in children. Currently, there are several definitions for resilience. For the purpose of this study, the definition suggested by Luthar, Cicchetti, & Becker (2000) will be used, which is “a dynamic process of encompassing positive adaptation within the context of significant adversity” (p. 543). This definition suggests that resilience can only be present if one has experienced an adverse event. Furthermore, because resilience is a process, it is important to note that it may require several years to manifest.

### *Determinants of Resilience*

Several factors have been identified as determinants of resilience in children. These determinants can be separated into three groups, which are similar to those of the risk and protective factors for outcomes of divorce or parental separation, and include characteristics of the children themselves, characteristics of their families, and characteristics of their wider social environments (Luthar et al., 2000). In terms of the individual, recent research has suggested that there is a biological component to resilience, with the identification of a variety of neurotransmitters, neuropeptides, and hormones that work to either promote or undermine resilience (Connor & Zhang, 2006). Levels of temperament and self-esteem have also been identified as determinants of resilience (Connor & Zhang, 2006; Croom & Proctor, 2005). Within the family, determinants of resilience include the quality of the parent-child relationship, the support or lack thereof for education, and the condition of the marriage (Croom & Proctor, 2005). Characteristics of the wider social environments that have been identified as

determinants of resilience include the presence or absence of a strong role model and social status (Lawford & Eiser, 2001; Luther et al., 2000).

The previous model can now be expanded to further illustrate how the potential outcomes of divorce can be organized into positive and negative outcomes (Figure 2).

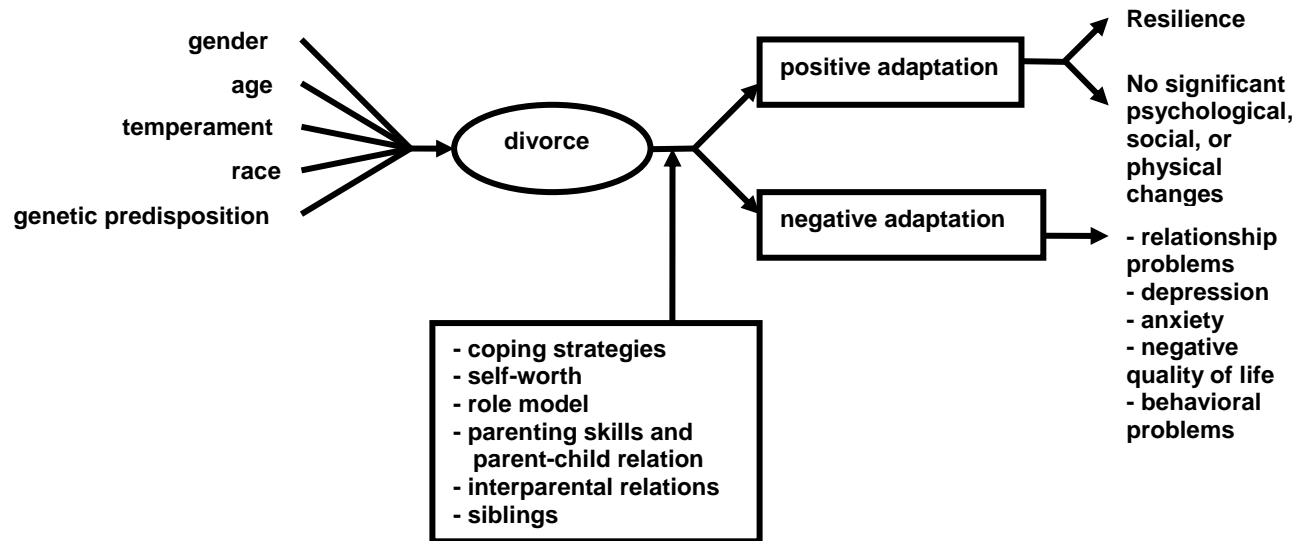


Figure 2.

### *Issues with Measurement of Resilience*

The concept of resilience has raised many concerns among researchers, which, according to Luthar et al. (2000), fall into four categories. These categories include “ambiguities in definitions and terminology, variations in interdomain functioning and risk experiences among ostensibly resilient children, instability in the phenomenon of resilience, and theoretical concerns, including questions about the utility of resilience as a scientific construct” (p. 543). These ambiguities and variations leave no specific standards, making it difficult to evaluate resilience. There is also much controversy over whom may identify resilience and by what standards, as well as deciding the point at which positive adaptation is adequate enough to be considered resilience. These concerns demonstrate the need for more rigorous research on the subject (Luthar et al., 2000), thus the purpose behind this study.

### *Research Questions*

This study was conducted to answer the following three questions:

1. What psychological, physical, and social manifestations of stress adaptation do these children display?
2. Are there differences between children of divorced and intact families who demonstrate: a) negative adaptation, b) neutral adaptation, and c) resilience?
3. What characteristics of children's human figure drawings (HFD) distinguish resilient children from others?

### *Methods*

#### *Design*

This cross-sectional, descriptive pilot study was conducted by obtaining information from children about their stress-related symptoms and their immediate physical, psychological and social status. Parents were asked to complete a demographic form about their children's social competence and problem behavior. This study was part of a larger study of children under stress.

#### *Subjects and Sample Size*

The case group consisted of 21 children ages 7 to 12 with divorced or separated parents. The control group consisted of 21 children ages 7 to 12 with parents who are married. Subjects were matched for age and sex. The sample consisted of children in elementary schools and summer camps from in and around Columbus, Ohio. Inclusion criteria were children ages 7 to 12 who are in age-appropriate grades in school and speak English.

#### *Human Subject Protections*

Institutional Review Board approval of this protocol was obtained from The Ohio State University before the study began. The appropriate parental consent and child consent and assents were obtained before any data were recorded. Study identification numbers were used in the data files to differentiate participants and results were reported for groups of children, not

individual children. Children and their parents were informed that they did not have to participate in this study and that their participation did not influence their status in the classroom. Children could decide to drop out of the study at any time during the process and could choose not to answer all questions.

### *Procedure*

Because there is currently no simple, standardized tool available to quickly and accurately assess resilience, several instruments were used by the investigators of this study to collect the data from children. A demographic form created by the investigators was used. The Revised Children's Anxiety and Depression Scale (RCADS), a 47-item self-report instrument scored on an ordinal scale of 0 to 3 (never, sometimes, often, always), was used. Cronbach alphas range from .71-.85 and construct validity is supported by correlation with similar scales ( $r = .65-.80$ ) (Chorpita, et al., 2000). The Pediatric Quality of Life Present Functioning Scale (Peds QL-PF) was also used, with 6 items measuring anxiety, sadness, anger, worry, fatigue and pain on a scale of 0 to 3. Cronbach alphas range from .72 to .84 (Sherman, 2006). This quality of life scale was used because how a child adapts to an experience will determine that child's quality of life (Lawford & Eiser, 2001). If this is true, then measuring the quality of life of a child will also assess how well a child is adapting to divorce or parental separation, which may be associated with the resilience of a child. Finally, the Human Figure Drawing (HFD) was administered in which each subject was given a pencil and a blank sheet of paper and was asked to "Draw a person, any person." This fourth instrument is of particular interest in this study.

### *Human Figure Drawings*

HFDs are projective techniques that reveal the artist's thoughts and feelings, even when the artist does not have the words to describe them – which is typical of school-age children. HFDs are a fast and inexpensive method of assessing for evidence of emotional indicators (EIs), which are present in less than 16% of drawings and associated with specific feelings or behavioral problems a child may be experiencing. Drawings are evaluated by what is omitted

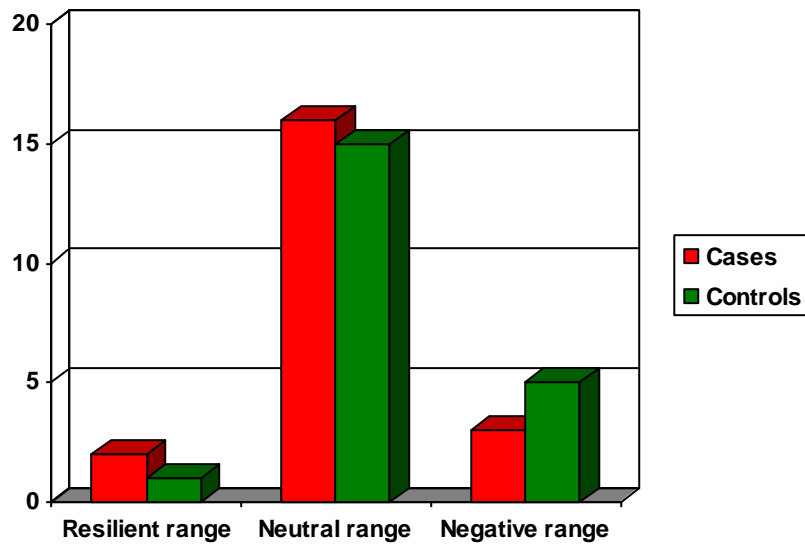


that should be included and by inclusions that are not typical. These omissions and inclusions have been shown to differentiate between children with and without psychosocial problems. The results of HFDs are not diagnostic and should be used only in conjunction with other screenings and tests; however, HFDs are helpful with identifying psychological problems and understanding a child's emotional status (Kopitz, 1968; Skybo, Ryan-Wenger, & Su, 2007).

### *Results*

Children's scores were divided into three groups. Group 1 was the *resilient* adaptation group, which consisted of children with instrument scores of  $\leq -2$  SD below the mean. Group 2 was the negative adaptation group of children with instrument scores  $\geq 2$  SD above the mean. Group 3 was the neutral adaptation group, for children with instrument scores within  $\pm 2$  standard deviations from the mean. Finally, to answer research question three, a chi square analysis was conducted between the three groups.

Figure 3 shows that 2 of the 21 children from divorced families had anxiety, depression and/or quality of life scores in the resilient range, compared to one of 21 children from intact families. More children from intact families than divorced families (5:3) had anxiety and/or depression scores in the negative adaptation range. Emotional indicators (EI) on the HFDs clearly differentiated children whose scores were within the resilient versus negative adaptation range. EIs on drawings of children from divorced families who demonstrated negative adaptation included gross asymmetry of limbs, omission of feet, legs pressed together, tiny figure, clinging arms, while the drawing of a child with resilient adaptation had no EIs.



**Figure 3. Distribution of scores among resilient, neutral and negative adaptation ranges**

### *Limitations*

This study encompassed some limitations that should be addressed in future studies. First, this study did not control or measure how long a child had been experiencing divorce or parental separation. It also did not control or measure the potential effects of additional sources of stress, such as chronic illness. Furthermore, although the roles of mediators and moderators were previously discussed, this study did not focus on any associations between them and the outcomes exhibited by the children.

### *Nursing Implications*

This is the first study to focus on resilience among children with divorced or separated parents and has found that some children from divorced or separated families are able to adapt to this potentially pervasive stressor in positive ways (neutral or resilient). Also, children's HFDs are useful assessment tools to identify children who may be experiencing higher than normal levels of anxiety and depression. The results of this pilot study indicate that a large-sample study should be conducted. Future studies of resilient children's unique characteristics, coping

strategies, and resources may be useful in designing new interventions for children who are not adapting well.

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